



DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or a joint inventor (if plural names are listed below) of the invention entitled:

TRUNCATED GLIAL CELL LINE-DERIVED NEUROTROPHIC FACTOR

which is described and claimed in the specification	on which:				
X is attached hereto.					
was filed on					
as Application Serial No.:					
and was amended on	(if applicable)				
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.					
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).					
<u>Power of Attorney:</u> As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:					
Ron K. Levy, Registration No.: 31,539, Steven M. Odre, Registration No.: 29,094, and Daniel F Registration No. 32,727, said attorney(s)/agent(s) to have in addition full power of revocation, in the power to revoke any power herein granted.					
Please send all future correspondence to:		Direct Telephone Calls To:			
U.S. Patent Operations/DRC M/S 10-1-B AMGEN INC. Amgen Center 1840 Dehavilland Drive Thousand Oaks, California 91320-1789		Daniel R. Curry Attorney/Agent for Applicant(s) Registration No.: 32,727 Phone: (805) 447-8102 Date: September 28, 1995			
	was filed on	was filed on as Application Serial No.: (if applicable) I hereby state that I have reviewed and understand the content including the claims, as amended by any amendment referred to a I acknowledge the duty to disclose information which is material accordance with Title 37, Code of Federal Regulations, §1.56(a). Power of Attorney: As a named inventor, I hereby appoint the prosecute this application and transact all business in the Patherewith: Ron K. Levy, Registration No.: 31,539, Steven M. Odre, Regist Registration No. 32,727, said attorney(s)/agent(s) to have in additional to the power to revoke any power herein granted. Please send all future correspondence to: U.S. Patent Operations/DRC M/S 10-1-B AMGEN INC. Amgen Center 1840 Dehavilland Drive			

"Express Mail" mail labeling number: TB 530269575 US	Date of Deposit: September 28, 1995				
I hereby certify that this paper or fee is being deposted with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to Box Patent Application, Assistant Commissioner of Patents, Washington, D. C. 20231 (Senders Signature Below)					
(typod name) Ronda G. Spahr	Romba I Spake				





DECLARATION AND POWER OF ATTORNEY (cont'd)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full Name of Sole or First Inventor:	Shaw-Fen Sylvia Hu		
Inventor's Signature:	Man Sen Sylva: Hu	Date: Sept 25	3.199
Residence:	986 Lynnmere Drive		
Post Office Address:	Thousand Oaks, California 91360 U.S.A	L	
Citizenship:	U.S.A.		
Full Name of Second Joint Inventor, if Any:			
Inventor's Signature:		Date:	·
Residence:			
Post Office Address:			
Citizenship:			
Full Name of Third Joint Inventor, if Any:			
Inventor's Signature:		Date:	
Residence:			
Post Office Address:			
Citizenship:			